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DEC	LARATION	FOR	Attorn	ey Docket i	No.	CROSS160	0			
UTIL	ITY OR DE	SIGN	First N	First Named Inventor Nils Larson						
PATE	NT APPLIC	ATION		COMPLETE IF KNOWN						
(3	7 CFR 1.6	3)	Applic	ation Numb						
			Filing	Date		Unknown				
Declaration Submitted with Initial Filing		aration Submitted after I Filing	Group	Art Unit		Unknown				
			Exami	ner Name		Unknown				
As a below named inv My residence, post office I believe I am the origin below) of the subject m	ce address, and all all, first and sole atter which is cla	citizenship are as si inventor (if only one aimed and for which	e name is liste a patent is so	ed below) o	r an or e inver	ntion entitled:		al names are listed		
	DEVICE	MAPPING BA			NTIC	CATION USE	R NAME			
the specification of which	ch was filed on (N	MM/DD/YYYY)	(Title of	Invention)						
as United States Applic Application Number	ation Number or	PCT International								
and was amended on (I	MM/DD/YYYY) (i	f applicable)								
I hereby state that I have amendment specifically			tents of the ab	ove identif	ied spe	ecification, includi	ng the claims, as	amended by any		
I acknowledge the duty defined in 37 CFR 1.56 prior application and the	including for c	ontinuation-in-part a	applications, r	naterial info	ormatio	on which became	which is material available between	I to the patentability as an the filing date of the		
I hereby claim foreign p of any PCT internations identified below, by che filing date before that of	al application whecking the box, a	nich designated at l any foreign applicat	east one coution for patent	ntry other	than th	ne United States	of America, listed	d below and have also		
Prior Foreign Application Number(s)	Prior Foreign Fore Application Country (M				-	Priority Not Claimed	Certified Copy Attached? YES NO			
A -							·			
Additional foreign ap I hereby claim the bene	fit under 35 U.S.	crs are listed on a su C. 119(e) of any Un	ipplemental pi ited States pr	riority data ovisional a	sheet policati	PTO/SB/02B atta ion(s) listed belov	ched hereto:			
Application Nu		Filing Date (MM/								
				Ac su	dditiona	al provisional a ental priority data	pplication numbe sheet PTO/SB/02	ers are listed on a 2B attached hereto		
		ARATION								
I hereby claim the bene United States of Americ States or PCT Internat information which is ma the national or PCT inte	a, listed below a ional application terial to patentat	and, insofar as the s n in the manner pr pility as defined in 3	subject matter ovided by the 37 CFR 1.56 v n.	of each of e first para which beca	the cla	aims of this applic of 35 U.S.C. 11	ation is not disclo	sed in the prior United e the duty to disclose		
U.S. Parent Applica	ation or PCT Pa	rent Number	Parent Filir (MM/DD/)	_	Parent Patent Number ( <i>If applicable</i> )					
			(8.811001	,			үн аррисаые)			
						··· · · · · · · · · · · · · · · ·				
Additional U.S. or PC	T international a	pplication numbers	are listed on a	suppleme	ntal pr	iority data sheet I	PTO/SB/02B attac	ched hereto.		

As a named inventor, I hereby appoint the registered practitioner(s) assigned to <b>Customer No. 25094</b> to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.													
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.													
Name of Sole/First Inventor:													
Given Name (first and middle [if any])					_	Family Name or Surname							
	Nils	<b>.</b>							Larse	on			
Inventor's Signature	n	San	w		Date				8/19/2003				
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Residence Address	8328	Elander	Drive	e, Au	stin, ]	exas	78750		<u></u>				
Post Office Address	Sam	e as abo	ve							<u>.                                    </u>			
Name of Additional Inv	entor:												
Given Name	e (first an	d middle [if an	ıy])					Famil	y Name o	or Surname			
Inventor's Signature	Date												
Residence: City			State		Cou	Country Citizenship							
Residence Address													
Post Office Address													
Name of Additional Inv	entor:												
Given Nam	e (first an	d middle [if ar	ny])					Famil	y Name o	or Surname			
Inventor's Signature								Date					
Residence: City			State		Cou	intry			Citiz	enship			
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